M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-2-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07538

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md
LENGTH OF STAY (in this place) 75yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md/ COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) George Washington Dunham

4. DATE OF DEATH: (Month) (Day) (Year) July 14 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 26, 1857

9. AGE last birthday: 95/0/18 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail

10b. KIND OF BUSINESS OR INDUSTRY: Carried.

11. BIRTHPLACE (State or foreign country): Garrett Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lution Dunham

14. MOTHER'S MAIDEN NAME: Eliza Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Will Dunham, Friendsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	15 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no injury (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no injury M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? no injury

22. I hereby certify that I attended the deceased from March 14, 1946, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Milton Tepfer, M.D. ADDRESS Friendsville, Md DATE SIGNED July 15, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 17, 52

NAME OF CEMETERY OR CREMATORY Steel, Friendsville Md.

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 17, 1952

REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR A. F. Collins Terra Alta W.Va. ADDRESS

RECEIVED
JUL 21 1952
BUREAU V. S.

07539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett McHenry MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, Md. Rural — LENGTH OF STAY (in this place) life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, Md. Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ira (Middle) (Last) Glotfelty				4. DATE OF DEATH (Month) (Day) (Year) 7/31/1952/ 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 11/2/1883	9. AGE last birthday 69 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) McHenry, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Thaddeaus Glotfelty			14. MOTHER'S MAIDEN NAME Ellen Bowman.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Wm. Glotfelty, McHenry, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Heart Disease	5 years
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1948, to July 31, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A.E. Mance MD	Oakland Md	2 August 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/3/1952	NAME OF CEMETERY OR CREMATORY Thayerville Cemetery	LOCATION (City, town, or county) (State) Thayerville, Md.
DATE REC'D BY LOCAL REG. 8/3/52	REGISTRAR'S SIGNATURE Julia A. Bowman Local	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
'52 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17540

Reg. Dist. No. 168

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 40, 4 mi W of Frostburg Life
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Cletus (Last) Hoover

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 26, 1932

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: no owner

11. BIRTHPLACE (State or foreign country): Jennings, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Hoover

14. MOTHER'S MAIDEN NAME: Carrie Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-30-1644

17. INFORMANT AND ADDRESS: Mrs. Carrie Hoover, Jennings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.4

Immediate cause (a) Fractured Skull, Compound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain Concussion

(c) Multiple Lacerations

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway

(CITY OR TOWN) Rt. #40 Frostburg, (COUNTY) Garrett, (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 7-15-52 10:30P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) Oliver Ralph Roth, M.D.

ADDRESS Oliver Ralph Roth, M. D. Asst. Med. Exam. Cumberland, M.d.

DATE SIGNED 7/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 19, 52

NAME OF CEMETERY OR CREMATORY Hoover Cem.

LOCATION (City, town, or county) (State) Garrett Co. Md.

DATE REC'D BY LOCAL REG. July 17- 52

REGISTRAR'S SIGNATURE Mrs Julius Michael

24. FUNERAL DIRECTOR Wm Winterberg

ADDRESS Grantsville, Md.

RECEIVED
JUL 22 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07541

Reg. Dist. No. 168

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 40, 4mi W of Frostburg; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Simeon (Middle) Ray (Last) Hoover

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Skidmore Coal Co

11. BIRTHPLACE (State or foreign country): Jennings, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson Hoover

14. MOTHER'S MAIDEN NAME: Effie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 213-18-2574

17. INFORMANT AND ADDRESS: Mrs. Carrie Hoover, Jennings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull, Compound

825.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Cervical Vertebrae, Multiple

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway; (CITY OR TOWN): Rt. #40, Frostburg, (COUNTY): Garrett, (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-15-52 10:30P.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Oliver Ralph Roth, M.D. ADDRESS: Oliver Ralph Roth, M. D. Asst. Med. Exam. Cumberland, Md. DATE SIGNED: 7/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: July 19, 52; NAME OF CEMETERY OR CREMATORY: Hoover Cem; LOCATION (City, town, or county) (State): Garrett Co., Maryland

DATE REC'D BY LOCAL REG.: July 17-52; REGISTRAR'S SIGNATURE: Mrs Jolins Michael

24. FUNERAL DIRECTOR: Wm Winterberg; ADDRESS: Grantsville, Md.

RECEIVED
JUL 22 1952
BUREAU V. S.

07542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 6 L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location): LIBERTY STREET

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) CARL (Last) KLEY
4. DATE OF DEATH: (Month) JULY (Day) 12, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	4/25/1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DISTRICT MANAGER	WEST MD. POWER CO.	MARYLAND	U.S.

13. FATHER'S NAME: KLEY, LEWIS
14. MOTHER'S MAIDEN NAME: BRECHT, REGINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	215/01/3069	Mrs. Frank Kley, Liberty St., Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Hemorrhage	9 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension	5 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1951, to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE: E. L. Baumgartner M D (Degree or title) ADDRESS Oakland. Md DATE SIGNED 7/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/15/1952	Maplewood Cemetery	Elkins, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/15/52	Julia A. Rawn	Emory D. Golden	Oakland, Md.

RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURGETTSTOWN
STREET ADDRESS (If rural, give location) 4075 MAIN STREET

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) GALLATINE (Last) MILLER
4. DATE OF DEATH (Month) JULY (Day) 27 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH MARCH 6, 1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE MAINTENANCE MAN
10b. KIND OF BUSINESS OR INDUSTRY WEST PENN
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME CHARLES W. MILLER
14. MOTHER'S MAIDEN NAME ELLEN GALLATINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 208-03-8880
17. INFORMANT AND ADDRESS Howard R. Miller, Burgettsville, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	1 hour
	(c) Coronary Heart Disease	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1952, to 27 July, 1952, that I last saw the deceased alive on 27 July, 1952, and that death occurred at 5:P m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 29 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/31/1952
NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery
LOCATION (City, town, or county) (State) Pennsville, Pa. Fayette Co

DATE REC'D BY LOCAL REG. 7/31/52
REGISTRAR'S SIGNATURE Julia A. Howar
24. FUNERAL DIRECTOR Emory D. Bolinger
ADDRESS Oakland, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 13 1952
BUREAU V. S.

Item 21 Film G145 8-5-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) GRANTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE # 40 (US)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST-VIRGINIA COUNTY OHIO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHEELING
STREET ADDRESS (If rural, give location) 41-18 St. Wheeling, WVA.

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) MAE (Last) MURIACO
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1952
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH AUGUST 17, 1928
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL-OFFICE-CLERK
10b. KIND OF BUSINESS OR INDUSTRY STEEL-CO.
11. BIRTHPLACE (State or foreign country) WHEELING - WVa
12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME JOSEPH-MURIACO
14. MOTHER'S MAIDEN NAME JENNIE-CERRA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 233-40-3871
17. INFORMANT Barbara A. Roth - 1045 McCollum St. Wheeling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Fractures of Skull c̄

923.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Destruction of Brain — Instant

(c) Automobile accident

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route 40 4 mi. E. (CITY OR TOWN) Grantsville (COUNTY) Garrett (STATE) MD
TIME OF INJURY (Month) July (Day) 19 (Year) 52 (Hour) 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver lost control of car - hit telephone pole and turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. F. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 7/19/52

23. BURIAL CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JULY-22-1952
NAME OF CEMETERY OR ~~CREMATORY~~ MT-CALVERY
LOCATION (City, town, or county) WHEELING, OHIO Co. (State) WVA.

DATE REC'D BY LOCAL REG. July 20, 52
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Stanley M Thomas, Salisbury, Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
JUL 22 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — Swanton — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Swanton, Md. Rural
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Swanton, Md. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Sadie (Middle): Victoria (Last): Rhodes
4. DATE OF DEATH (Month) (Day) (Year): 7/26/1952 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10/16/1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thayerville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Silas Walters
14. MOTHER'S MAIDEN NAME: Ellen Harvey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Robert Rhodes, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina — years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Nov, 1949, to 16 July, 1952, that I last saw the deceased alive on 16 July, 1952, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE: Thomas J. Lusby M.D. (Degree or title) ADDRESS: Oakland, Md DATE SIGNED: 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/26/1952
NAME OF CEMETERY OR CREMATORY: Fitzwater Cemetery
LOCATION (City, town, or county) (State): Near Swanton, Md.

DATE REC'D BY LOCAL REG.: 7/26/52
REGISTRAR'S SIGNATURE: Julia A. Rowan Local
24. FUNERAL DIRECTOR: Emroy P. Tolley ADDRESS: Oakland, Md.

RECEIVED
OCT 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett Nr. Friendsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Friendsville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Friendsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) H. (Last) Riley

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-12-1889

9. AGE last birthday 63 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Blooming Rose - Near Friendsville

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henry Riley

14. MOTHER'S MAIDEN NAME Alice Van Sickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 217-14-4829

17. INFORMANT AND ADDRESS Wife) Bessie H. Riley - Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	—
4-1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to July 29, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE S. B. Messmore (Degree or title) M.D. ADDRESS Addison-Pa DATE SIGNED 8/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-1-'52 NAME OF CEMETERY OR CREMATORY Sand Spring LOCATION (City, town, or county) Nr. Friendsville, Md. (State)

DATE REC'D BY LOCAL REG. July 31 REGISTRAR'S SIGNATURE Katryn Fike

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 6 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (In this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) ------

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lois	Rae	Sweitzer	July	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Single	2/9/1952	yrs.	5	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-----	-----	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joy Dale Sweitzer	Norma Rae Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	------	Joy D. Sweitzer Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bilateral Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 413X	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Oakland	7/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/1952	Pleasant Valley Cem.	Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/1952	Julia A. Rowan	Herbert C. Leighton	Oakland, Md.

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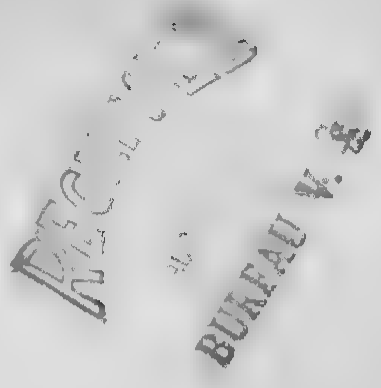
VS A15A T



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

VS A15 12 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH
a. COUNTY: Garrett — MARYLAND

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
a. STATE: West Virginia
b. COUNTY: Preston

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland
c. LENGTH OF STAY IN 1b: 3 Days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Terra Alta, W.Va.

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Garrett County Memorial Hospital
d. STREET ADDRESS: Route # 4
e. IS RESIDENCE ON A FARM? YES [X] NO [ ]

3. NAME OF DECEASED (Type or print): First: Rosella Middle: Mae Last: Vought
4. DATE OF DEATH: Month: July Day: 5 Year: 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-13-92
9. AGE (In years last birthday): 59 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakland, Maryland
12. CITIZEN OF WHAT COUNTRY: America

13. FATHER'S NAME: Moon , Edward
14. MOTHER'S MAIDEN NAME: Snyder, Malinda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Nō
16. SOCIAL SECURITY NO.:
17. INFORMANT: "Husband" Address: Charles Vought, Terra Alta, W.Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pulmonary ~~embolism~~ infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO (b): Phlebothrombosis — 1 week

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (c): Pelvic laparotomy — 4 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from 1 July, 19 50, to 5 July, 19 52 that I last saw the deceased alive on 5 July, 19 52 and that death occurred at ____ M, from the causes and on the date stated above

ACTUAL SIGNATURE: John B Harley M.D. ADDRESS (Street, city or town, state): Box 224 A, Rt 4 DATE SIGNED: July 5 58

PHYSICIAN'S NAME (Type): John B. Harley, MD Morgantown, W.Va.

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: July 8, 1952
22c. NAME OF CEMETERY OR CREMATORY: Terra Alta Cemetery
22d. LOCATION (City, town, or county) (State): Terra Alta West Virginia

23. FUNERAL DIRECTOR'S SIGNATURE: Funeral Home
ADDRESS: Terra Alta W Va

24a. REC'D BY REGISTRAR DATE: OCT 10 '58
24b. REGISTRAR'S SIGNATURE: Wilma L Frank

M

I

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

07548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park — LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McCoole
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): PEARL WALTERS
4. DATE OF DEATH (Month) (Day) (Year): July 13 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 12, 1885
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): McCoole, Md
12. CITIZEN OF WHAT COUNTRY? D.S.
13. FATHER'S NAME: Edward Walters
14. MOTHER'S MAIDEN NAME: Lavina Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Byron Kight, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952 to July 13, 1952, that I last saw the deceased alive on 11 July, 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas F. Lusby (Degree or title) M.D. — ADDRESS: Oakland, Md — DATE SIGNED: 14 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 16, 1952 — NAME OF CEMETERY OR CREMATORY: Queen Point Cemetery — LOCATION (City, town, or county) (State): Geyser, Wva

DATE REC'D BY LOCAL REG.: July 16/1952 — REGISTRAR'S SIGNATURE: Julia Kanan — 24. FUNERAL DIRECTOR: Wm H. Kight, Cumberland, Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 413

RECEIVED
JUL 25 1952
BUREAU V. S.

07549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AURORA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) (Last) WOTRING
4. DATE OF DEATH (Month) JULY (Day) 1, (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6/15/1894
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME SNIDER, PETE
14. MOTHER'S MAIDEN NAME ARNOLD, AMANDA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MR. CHARLES WOTRING, R # 1, AURORA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Spontaneous subarachnoid hemorrhage	24 hrs.
452X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of circle of Willis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1952, to 7/1, 1952, that I last saw the deceased alive on 7/1, 1952, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) M.D. ADDRESS 101 Third St. Oakland, Md. DATE SIGNED 7/1/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 7/1/52 NAME OF CEMETERY OR CREMATORY Accident West Va LOCATION (City, town, or county) Mr. Aurora West Va. (State)

DATE REC'D BY LOCAL REG. 7/1/52 REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis W. Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1952
BUREAU V. S.